



# Motor Vehicle Division

96-0506 R03/08 www.azdot.gov

Mail Drop 530M  
Ignition Interlock Unit  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## IGNITION INTERLOCK INSTALLER APPLICATION

Company Name			
Street Address		City	State Zip
Mailing Address		City	State Zip
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other:			
Contact Person Name (first, middle, last)		Phone Number (   )	Fax Number (   )
Ignition Interlock Device	Model Number	Name Under Which Device Will Be Marketed	
Ignition Interlock Device	Model Number	Name Under Which Device Will Be Marketed	

Applicant, Owner, Partner, Officer, Director, Agent, Stockholder owning 20% or more of the corporation, or LLC Manager

Name (first, middle, last, suffix)		Title	
Residence Address	City	State	Zip
Name		Title	
Residence Address	City	State	Zip
Name		Title	
Residence Address	City	State	Zip

The installer certifies that:

- All information provided on this application, including all information on any attachment to the application form, is complete, true and correct.
- The installer agrees to indemnify and hold harmless from all liability the State of Arizona and any department, division, agency, officer, employee or agent of the State of Arizona.
- The installer agrees to comply with all requirements under Arizona Administrative Code, Title 17, Chapter 5, Article 7.
- The installer agrees to immediately notify the MVD of any changes to the information provided on this application form.

Manufacturer Representative Name	Representative Signature
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Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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### MVD Use

Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization Number	Comments		